## Town of Greenfield, Massachusetts

## **EMPLOYMENT APPLICATION**

As an equal opportunity employer, the Town of Greenfield does not discriminate in hiring or in terms and conditions of employment because of an individual's race, creed, ancestry, color, sex, age, religion, handicap or disability, marital or veterans status, national origin, sexual orientation or any other legally protected status. The Town of Greenfield only hires individuals authorized for employment in the United States.

If you are submitting a resume and cover letter as substitution in completing any portion of this application you may write "See Resume". In doing so, you are expressly certifying that any statements and information contained therein are incorporated into the application form and the conditions of your affixed Applicant signature.

Position Applying For:		Dat	te of App	olication:
Schedule Desired: ( ) Full Ti	me ( ) Part Time ( ) Temporar	y ( ) Seasonal A	Are you o	n layoff subject to recall?
	lays you cannot or will not work? me as required?			
Are you able to meet regular at	tendance & punctuality requiremen	ts of the job?		
	PERSONAL INFOR	RMATION		
				Are you authorized for employment
(Last Name)	(First Name)			in the U.S.? ( ) Yes ( ) No
				If you are under 18 years of age
(Present Street Address)	(City)	(State)	(Zip)	state your age?
(Home Phone)	(Message Phone)	(Social Security Number)		Security Number)
For applicants for jobs that red Do you have a valid MA Drive	quire driving: cr's License? Number	Class	Exj	piration Date
Do you have a valid CDL? Yes	s No List valid endorsem	nents:		
Do you authorize the Town to	check your driving record for repea	ted or significant tra	ffic viola	tions? Yes No

	EDUCATI	ON		
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	NO. OF YEARS COMPLETED	GRADUATED (Check One)
HIGH SCHOOL				()Yes ()No
COMMUNITY COLLEGE				()Yes ()No
COLLEGE				( ) Yes ( ) No
GRADUATE SCHOOL				( ) Yes ( ) No
TECHNICAL SCHOOL				( ) Yes ( ) No
OTHER				( ) Yes ( ) No

TRAINING & PR	ROFESSIONAL LICENSE	S OR CERTI	FICATIONS
List job-related licenses or certificates t ment awards, publications or technical— which indicate race, creed, color, sex ag	-professional associations you are a me	ember of. Exclude	
	SKILLS		
In addition to work history (below), wh (include word processing, spreadsheet,			plicable to position applied for:
Indicate any foreign languages you can	speak, read and/or write either fluentl	y or conversational	ly:
	EMPLOYMENT HIST	TOP V	
		ORT	
Starting with your present or last job list during the last 10 years (include work perpolication and/or additional sheets of play we contact your present employer.	rformed more than 10 years ago if it a ain white paper if you need more space	pplies to the job yo	
Name and Address of Employer & Date of Employment	Position & Duties	Salary	Reason for Leaving
Phone:			
Dates (From/To):			
Phone: Dates (From/To):			
Phone: Dates (From/To):			
Phone:			
Dates (From/To):			
Dhono			
Phone: Dates (From/To):			

Is there any additional inform record? If yes, please explain	ı:					<del>-</del>
Have you ever been employed	d by the Town of Greenfi	eld befo	ore? ( ) Yes ( ) N	o If Yes, please indicate	what	department,
when, and the position(s):						
Reasons for leaving:						
List names of relatives or acq	uaintances now employed	d by the	Town of Greenfie	ld:		
Have you ever been fired from allegations of misconduct or f						
	т		DENICEC			
	ŀ	KEFE	RENCES			
Please list three employment-re	elated references who are	familia	r with your work	Do not list relatives or f	riends	
Name Name	Address	ramma	Phone	Place of Employme		Position Held
1.						
2.						
3.						
PE	RSON TO CONT.	ACT	IN CASE OF	EMERGENCY		
Full Name:		Address:		Phone:		
Place of Employment:		Address:		Phone:		
Relationship to you?						
API	PLICANT'S CER	TIFIC	CATION ANI	O AGREEMENT		
	Please Read	this	Statement Ca	arefully		
work in the United States, and I m successfully complete a medical exemployment, submit to such lawfur I understand that the Town Inquiry (CORI) and/or a Sex Offer and/or interviews. I authorize all information requested about me are termination from a job is not an autake a lie detector test as a condition If I am hired, I agree that in statute at any time with or without I understand that this applitunderstand if I wish to be consider any vacant position.  I certify that all the statemes sufficient cause for dismissal or retrown of Greenfield.	xamination, including a urinal examinations, medical, sulton of Greenfield may investigated registry Information (Standividuals, schools, and firmated I release them from all liastomatic bar to your employed on of employment as it is unay employment and compensation for employment will red for future employment, I ents herein are true and under	nfield door and the drug are better the stance as attempt we so the stance are the stance are the stance are the Town be considered the the stance are the s	cuments that will pro- nalysis, before emplo- abuse, or other, as ma- tork and personal his eck, and verify data d herein, except my or damage in providin circumstances will be a the State of Massac an be terminated with your of Greenfield or madered active until the quire regarding re-su- nat any falsification of also, that I am require	ove this. I also understand to pyment and/or as a conditionally be required by the Town tory which may include a Cogiven on this application, of current employer, if so note go this information. Convictor considered. I understand husetts to be required to do not or without cause and for a myself.  It position I am applying for bmitting this application or for misrepresentation of facts and to abide by all rules, po	hat I m n of co of Gre Crimina n resurd, to prition of that I is so. ny reas has bee	ay be required to ntinued enfield. Il Offender Record ne or related papers, rovide any a crime or am not required to con not prohibited by en filled. I eting another for
Applicant's Signature				Date		

	<b>:</b>	
PLEASE	DO NOT WRITE BELOW TH	IS LINE
Department:	Grade/Step:	Barg. Unit:
	Grade/Step: Posit. #:	Barg. Unit: Empl. #:
Position:	Posit. #:	Empl. #:
Position: ours:DOB:	Posit. #:  Starting Salary \$	Empl. #:/hr. \$/yr
Department: Position:  lours: DOB: ) Full Time ( ) Part Time ( ) Intermittent (	Posit. #:  Starting Salary \$	Empl. #:/hr. \$/yr
Position:  Jours:DOB:	Posit. #:  Starting Salary \$	Empl. #:/hr. \$/yr
Position:  DOB:  Full Time ( ) Part Time ( ) Intermittent (	Posit. #:  Starting Salary \$	Empl. #:/hr. \$/yr
Position:  DOB:  Full Time ( ) Part Time ( ) Intermittent (	Posit. #:  Starting Salary \$	Empl. #:/hr. \$/yr